SNOHOMISH COUNTY PLANNING & DEVELOPMENT SERVICES

EMERGENCY USE GAS PIPING TEST AFFIDAVIT
(Only for use in Occupied Buildings)

Homeowner

Address

Permit Number

The gas piping system was tested at __________ psi for a total __________ of minutes.

After the appliances were connected and the system was pressurized to not less than ten (10) inches nor more than fourteen (14) inches water column and the appliance connections were tested for leakage with soapy water or bubble solution, no leaks were observed.

WITNESSED BY: ____________________________ ____/____/____
(Signature of occupant requesting gas service) (Date)

INSTALLED BY: ____________________________ ____/____/____
(Signature of installing gas fitter) (Date)

COMPANY NAME: ____________________________

EMERGENCY USE: Where equipment replacements and repairs must be performed in an emergency situation, the permit application shall be submitted within the next working business day to the building official. SCC 30.50.134

Please arrange for someone to be present on the date of requested inspection to provide access for the inspector.

One copy of this affidavit must be mailed to Snohomish County Planning & Development Services, 3000 Rockefeller Avenue, M/S #604, Everett WA 98201-4046 upon completion.